

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215503881						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: HEARST COMMUNICATIONS, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 1/31/2015</p> <p>SCC ID NO: F1778671</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMAV</td> <td>5,550</td> </tr> <tr> <td>COMBNV</td> <td>950</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMAV	5,550	COMBNV	950
CLASS	AUTHORIZED							
COMAV	5,550							
COMBNV	950							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 300 WEST 57TH ST</p> <p style="text-align: center;">CITY/ST/ZIP: NEW YORK, NY 10019</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEVEN R. SWARTZ TITLE: PRESIDENT/CEO ADDRESS: 300 WEST 57TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEVEN R. SWARTZ TITLE: PRESIDENT/CEO ADDRESS: 300 WEST 57TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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NAME: CARLTON J. CHARLES TITLE: VP, TREASURER ADDRESS: 300 WEST 57TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10019	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR						

NAME:	STEVEN DELORENZO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	ALFREDO GATTO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	214 NORTH TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		
NAME:	MARK HASSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	STEVEN A. HOBBS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	NEERAJ KHEMLANI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	GEORGE T. KILAVKOFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	DAVID L. KORS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	214 NORTH TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		
NAME:	LINCOLN MILLSTEIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	ROGER P. PASCHKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	DEBRA SHRIVER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	PHILIP R. WISER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VP		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		

NAME:	THOMAS J. HARVEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	214 NORTH TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		
NAME:	ANTHONY R. LECHICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	214 NORTH TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		
NAME:	WARREN MCDONALD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	214 NORTH TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		
NAME:	EDWIN A. RUSGO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	214 NORTH TRYON STREET		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28202		
NAME:	JAMES M ASHER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SRVP/CL&DEV OFR		
ADDRESS:	300 WEST 57TH ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	FRANK A BENNACK JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC.VC, COEC		
ADDRESS:	300 W 57TH ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	CATHERINE A. BOSTRON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	EVE B. BURTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	LARRY M. LOEB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	ANISSA B. BALSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	DAVID J BARRETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 WEST 57TH ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		

NAME:	EVE B. BURTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	DAVID CAREY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	DAVID F. CAREY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	MICHAEL A. CLINTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	JOHN G. CONOMIKES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	J. DUNCAN EDWARDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	LISA H. HAGERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	AUSTIN HEARST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	STEPHEN T. HEARST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	GEORGE R. HEARST, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		
NAME:	WILLIAM R. HEARST, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 WEST 57TH STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10019		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GILBERT C. MAURER DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK F. MILLER DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VIRGINIA HEARST RANDT DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SAMIA B. STAEHLE DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTIAN A. TARAFAT DIRECTOR 300 WEST 57TH STREET NEW YORK, NY 10019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID L. KORS		DAVID L. KORS, VICE PRESIDENT	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			